Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF INDIANA	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	 heck if this an mended filing

#### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

t 1: Identify Yourself			
	About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
Your full name			
Write the name that is on your government-issued picture identification (for example, your driver's	Christopher First name		First name
license or passport).	Middle name		Middle name
Bring your picture identification to your meeting with the trustee.	Duncan Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
All other names you have used in the last 8 years	Christopher Andrew Daguing Hummer Duncan		
Include your married or maiden names.			
Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7508		
	Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Bring your picture identification to your meeting with the trustee.  Duncan Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Christopher  Christopher  ADH  Middle name  Duncan  Christopher Andrew Daquing Hummer Duncan  Christopher Andrew Daquing Hummer Duncan  Include your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  ADH Middle name  Duncan Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Christopher  First name  ADH Middle name  Christopher  Christopher  Christopher  ADH Middle name  Duncan  Last name and Suffix (Sr., Jr., II, III)  Christopher  ANH Middle name  XXX-XX-7508

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Debtor 1 Christopher ADH Duncan

Case number (if known)

yours, fill it to this
3
ition, I other
et

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> page 1 and check the appropriate	1 U.S.C. § 342(b) for Individuals Filing for Ban box.	nkruptcy
	choosing to file under	☐ Cha	apter 7				
		☐ Cha	apter 11				
		☐ Cha	apter 12				
		■ Cha	apter 13				
8.	How you will pay the fee	6	about how yo	ou may pay. Typi attorney is subn	cally, if you are paying the fee yo	with the clerk's office in your local court for murself, you may pay with cash, cashier's check, lf, your attorney may pay with a credit card or o	, or money
					allments. If you choose this options (Official Form 103A).	n, sign and attach the Application for Individua	ls to Pay
			_		,	only if you are filing for Chapter 7. By law, a ju	udge may,
		t a	out is not req applies to yo	quired to, waive y ur family size an	our fee, and may do so only if you d you are unable to pay the fee in	ir income is less than 150% of the official pove installments). If you choose this option, you m al Form 103B) and file it with your petition.	erty line that
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to	line 12.			
	residence:	☐ Yes	. Has yo	our landlord obta	ined an eviction judgment agains	you?	
				No. Go to line 1	2.		
				Yes. Fill out Ini	tial Statement About an Eviction J	udgment Against You (Form 101A) and file it w	vith this

Debtor 1 Christopher ADH Duncan

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Deb	otor 1 Christopher ADH	Duncan					Case number (if kr	own)		
Par	t 3: Report About Any Bu	isinesses	You Own	as a Sole Proprie	tor					
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.						
		☐ Yes.	Name	and location of bus	siness					
	A sole proprietorship is a									
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any						_
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code	Э				
	it to this petition.		Check	the appropriate bo	x to describe	your business:				
				Health Care Busin	ness (as defin	ned in 11 U.S.C. {	§ 101(27A))			
				Single Asset Real	Estate (as de	efined in 11 U.S.0	C. § 101(51B))			
				Stockbroker (as d	lefined in 11 U	J.S.C. § 101(53A	))			
				Commodity Broke	er (as defined	in 11 U.S.C. § 10	01(6))			
				None of the above	е					
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you in	ler Chapter 11, the dicate that you are by statement, and f 1)(B).	a small busin	ess debtor, you r	must attach your m	ost recent bal	lance sheet,	statement of
	For a definition of small	■ No.	I am n	ot filing under Chap	oter 11.					
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	ling under Chapter	11, but I am N	NOT a small busi	ness debtor accord	ling to the def	finition in the	Bankruptcy
		☐ Yes.	I am fi	ling under Chapter	11 and I am a	a small business	debtor according to	the definition	n in the Bank	ruptcy Code.
Par	t 4: Report if You Own or	· Have Any	Hazardo	us Property or An	y Property Ti	hat Needs Imme	ediate Attention			
14.	Do you own or have any	■ No.								
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is t	he hazard?						
	public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?						
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?						
					Number, Stree	et, City, State & Zip	Code			

Debtor 1 Christopher ADH Duncan

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

		pa	

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Christopher ADH	Duncan		Case numb	DET (if known)
Par	6: Answer These Quest	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.		onsumer debts? Consumer debts are desonal, family, or household purpose."	fined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		usiness debts? Business debts are debtestment or through the operation of the bu	
			☐ No. Go to line 16c.	sement of through the operation of the se	oniose of invocations.
			☐ Yes. Go to line 17.		
		16c.		owe that are not consumer debts or busine	ess debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter	7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	☐ Yes.		Do you estimate that after any exempt provailable to distribute to unsecured creditors	perty is excluded and administrative expenses s?
	administrative expenses		□ No		
	are paid that funds will be available for		□Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do	<b>■</b> 1-49		□ 1,000-5,000	☐ 25,001-50,000
	you estimate that you owe?	☐ 50-99		<b>5</b> 001-10,000	□ 50,001-100,000
	owe:	□ 100-1		□ 10,001-25,000	☐ More than100,000
		□ 200-9	99		
19.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$100 million	☐ More than \$50 billion
20.	How much do you estimate your liabilities	□ \$0 - \$	50,000 101 - \$100,000	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion
	to be?		001 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion
			001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	7: Sign Below				
For	you	I have ex	amined this petition, and I ded	clare under penalty of perjury that the info	rmation provided is true and correct.
				7, I am aware that I may proceed, if eligible elief available under each chapter, and I o	e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.
				not pay or agree to pay someone who is r e notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this
		I request	relief in accordance with the o	chapter of title 11, United States Code, sp	ecified in this petition.
			cy case can result in fines up	, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		/s/ Christo	stopher ADH Duncan pher ADH Duncan e of Debtor 1	Signature of Debt	or 2
		Executed	on December 4, 2017	Executed on	
			MM / DD / YYYY		M / DD / YYYY

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Debtor 1 Christopher ADH Duncan Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Dana L. Oglesby Signature of Attorney for Debtor	Date	December 4, 2017 MM / DD / YYYYY
Dana L. Oglesby 27988-82		
Jackson & Oglesby Law LLC		
6520 E. 82nd St., Suite 101 Indianapolis, IN 46250		
Number, Street, City, State & ZIP Code		
Contact phone (317) 288-0147 27988-82	Email address	court@indybankruptcylaw.com
Bar number & State		

### 

到	in this information to identify your case	·			
pet	Christopher ADH Dur First Name	Niddle Name	Last Name		
	otor 2  Use if, filing)  First Name	Middle Name	Last Name		
	. 6,				
Uni	ted States Bankruptcy Court for the: SC	OUTHERN DISTRICT	OF INDIANA		
Cas (if kn	e number			Charle	r if this is on
(II KII	own,			_	cif this is an ded filing
					-
∩f	ficial Form 106Sum				
		l Liabilities an	nd Certain Statistical Information		12/15
Be a	s complete and accurate as possible. If	two married people	are filing together, both are equally responsible for	or supplyin	g correct
	rmation. Fill out all of your schedules fir original forms, you must fill out a new		te information on this form. If you are filing amend	ed schedu	les after you file
		cummary and oneon	tine box at the top of tine page.		
Par	11: Summarize Your Assets				
				Your a	ssets of what you own
1	Sahadula A/D. Branarty (Official Form	IOCA/D)		7 41.410	at you our
1.	Schedule A/B: Property (Official Form 1 1a. Copy line 55, Total real estate, from S	Schedule A/B		\$	75,000.00
	1b. Copy line 62, Total personal property	, from Schedule A/B		\$	6,850.00
	1c. Copy line 63, Total of all property on	Schedule A/B		\$	81,850.00
Der				·	01,000.00
Par	2: Summarize Your Liabilities				
					abilities t you owe
2	Sahadula D. Craditara Wha Haya Claima	Coourad by Dranamy	(Official Form 40CD)	7	.,
2.	Schedule D: Creditors Who Have Claims 2a. Copy the total you listed in Column A		the bottom of the last page of Part 1 of <i>Schedule D</i>	\$	92,872.00
3.	Schedule E/F: Creditors Who Have Unse	ecured Claims (Official	Form 106E/F)	<b>c</b>	684.00
			s) from line 6e of Schedule E/F	\$	
	3b. Copy the total claims from Part 2 (no	enpriority unsecured cl	laims) from line 6j of Schedule E/F	\$	37,380.00
			Your total liabilities	¢.	420.026.00
			four total liabilities	Φ	130,936.00
Par	3: Summarize Your Income and Exp	enses			
	Schedule I: Your Income (Official Form 1				
4.			1	\$	4,139.44
5.	Schedule J: Your Expenses (Official Form			Φ.	3,289.00
				\$	3,209.00
Par	Answer These Questions for Adn	ninistrative and Stati	stical Records		
6.	Are you filing for bankruptcy under Ch  No. You have nothing to report on the	•	heck this box and submit this form to the court with yo	ur other sch	nedules.
	Yes				
7.	What kind of debt do you have?				
			debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consthe court with your other schedules.		ve nothing to report on this part of the form. Check this	box and s	ubmit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Christopher ADH Duncan

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,437.28

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	684.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	26,136.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	26,820.00

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	Christopher AD	H Duncan						
	First Name	Middle	Name		Last Name			
Debtor 2 Spouse, if filing)	First Name	Middle	Name		Last Name			
	Bankruptcy Court for the:	SOUTHER	N DISTI	RICT OF IND	IANA			
iniod Olaloo B	sammapley Court for the.							
Case number					_			☐ Check if this i amended filin
							-	
Official Fo	orm 106A/B							
	le A/B: Pro	pertv						12/·
ink it fits best. formation. If monswer every que	Be as complete and accur ore space is needed, attac	rate as possible th a separate sh	e. If two neet to ti	married peopl his form. On th	an asset fits in more than or e are filing together, both ar le top of any additional page wn or Have an Interest in	e equally resp	onsible for su	pplying correct
■ No. Go to Pa	art 2. e is the property?							
.1			What	is the propert	<b>y?</b> Check all that apply			
500 N. Bi	ittersweet Lane	200	What	is the propert				aims or exemptions. P
500 N. Bi	ittersweet Lane ss, if available, or other description	on .	What	Single-family Duplex or mu		the amoun	t of any secure	aims or exemptions. P d claims on <i>Schedule</i> ns Secured by Proper
500 N. Bi	ss, if available, or other descriptio		■	Single-family Duplex or mu Condominium	home Iti-unit building	the amoun Creditors I	t of any secure	d claims on Schedule
500 N. Bi	is, if available, or other description	7304-0000	■	Single-family Duplex or mu Condominium Manufactured Land	home Iti-unit building n or cooperative I or mobile home	Current va	t of any secured Who Have Clain alue of the perty?	d claims on Schedule ns Secured by Proper  Current value of th portion you own?
500 N. Bi	ss, if available, or other descriptio			Single-family Duplex or mu Condominium Manufactured	home Iti-unit building n or cooperative I or mobile home	Current va	t of any secured who Have Claim alue of the perty?	d claims on Schedule ms Secured by Proper  Current value of th portion you own?  \$75,000
500 N. Bi	is, if available, or other description	7304-0000		Single-family Duplex or mu Condominium Manufactured Land Investment pr Timeshare Other	home Iti-unit building n or cooperative or mobile home	Current va entire pro	t of any secured who Have Claim alue of the perty? 75,000.00 the nature of yee simple, tens	d claims on Schedule ns Secured by Proper  Current value of th portion you own?
500 N. Bi	is, if available, or other description	7304-0000		Single-family Duplex or mu Condominium Manufactured Land Investment pu Timeshare Other has an interes	home Iti-unit building n or cooperative of or mobile home roperty  t in the property? Check one	Current va entire pro	t of any secured who Have Claim alue of the perty? 75,000.00 the nature of yee simple, tenste), if known.	current value of the portion you own? \$75,000  cour ownership interes
500 N. Bi	is, if available, or other description if available, or other description if a second	7304-0000		Single-family Duplex or mu Condominium Manufactured Land Investment pi Timeshare Other has an interes Debtor 1 only	home Iti-unit building n or cooperative d or mobile home roperty  t in the property? Check one	Current va entire pro	t of any secured who Have Claim alue of the perty? 75,000.00 the nature of yee simple, tenste), if known.	current value of the portion you own? \$75,000  cour ownership interes
Street address  Muncie  City	is, if available, or other description if available, or other description if a second	7304-0000		Single-family Duplex or mu Condominium  Manufactured Land Investment pu Timeshare Other has an interes Debtor 1 only Debtor 2 only	home Iti-unit building n or cooperative or mobile home roperty  t in the property? Check one	Current va entire pro \$ Describe ( (such as f a life estar	alue of the perty? 75,000.00 the nature of yee simple, tente), if known.	d claims on Schedule ms Secured by Proper  Current value of th portion you own? \$75,000  our ownership intereancy by the entiretie
Muncie City  Delaware	is, if available, or other description if available, or other description if a second	7304-0000		Single-family Duplex or mu Condominium Manufactured Land Investment pr Timeshare Other has an interes Debtor 1 only Debtor 2 only Debtor 1 and At least one of	home Iti-unit building or cooperative It or mobile home roperty  It in the property? Check one Debtor 2 only of the debtors and another rou wish to add about this it	Current va entire pro \$  Describe (such as f a life estar Fee sim	alue of the perty? 75,000.00 the nature of yee simple, tente), if known. ple k if this is comstructions)	current value of the portion you own? \$75,000  cour ownership interes

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debto	or 1 <b>C</b>	hristopher ADH Duncan		Case number (if known)	
Ca	re vane	trucks, tractors, sport utility ve	shieles motorcycles		
). <b>C</b> a	is, vaiis,	trucks, tractors, sport utility ve	incles, motorcycles		
	No				
•	V00				
_	162				
				Do not doduct accurr	ad alaima ar avamatiana. Dut
3.1	Make:	Toyota	Who has an interest in the property? Check one		ed claims or exemptions. Put cured claims on Schedule D:
	Model:	Rav 4	■ Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year:	2004	Debtor 2 only	Current value of the	Current value of the
	Approxin	nate mileage: 165,000	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	☐ At least one of the debtors and another		
			☐ Check if this is community property	\$3,500.0	0 \$3,500.00
			(see instructions)		
-					
3.2	Make:	Pontiac	Who has an interest in the property? Check one		ed claims or exemptions. Put
0.2		Grand Am	_		cured claims on Schedule D: Claims Secured by Property.
	Model:		■ Debtor 1 only	Creditors wito have	Claims Secured by Property.
	Year:	2003	Debtor 2 only	Current value of the	
		nate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		formation:	☐ At least one of the debtors and another		
	not-op	erational		\$200.0	0 \$200.00
			Check if this is community property (see instructions)	Ψ200.0	<del>σ</del> <del>φ200.00</del>
ο,	Yes			_	
			n for all of your entries from Part 2, including that number here		\$3,700.00
	_			L	
		be Your Personal and Household It			
Do yo	ou own c	or have any legal or equitable in	terest in any of the following items?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
$E_{\lambda}$	<i>amples:</i> No	goods and furnishings Major appliances, furniture, linens	s, china, kitchenware		
	Yes. De	scribe			
		F===			
			used household goods including:	_	
			ent center, couch, chairs, coffee tables,	lamps,	\$1,500.00
		bedroom set, p	ersonal items.		<b>\$1,500.00</b>
7. Ele	ctronics				
			eo, stereo, and digital equipment; computers, pr	inters, scanners; music coll	ections; electronic devices
		including cell phones, cameras, n	nedia players, games		
	No				
	Yes. De	scribe			
		TV, DVD, Perso	nal Computer, Printer		\$200.00

Official Form 106A/B Schedule A/B: Property page 2

Debtor	1 Christophe	r ADH Duncan Case numb	per (if known)
Exai	other collect	d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; tions, memorabilia, collectibles	stamp, coin, or baseball card collections;
	00. 20001120	Miscellaneous used Books, CDs, DVDs and Wall hangings	\$600.00
		micochanicous assa Books, Spo, Bybs and Wall hangings	
Exai	musical inst	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs,	skis; canoes and kayaks; carpentry tools;
■ N	amples: Pistols, rifle	es, shotguns, ammunition, and related equipment	
□N	<i>amples:</i> Everyday o	clothes, furs, leather coats, designer wear, shoes, accessories	
	oo. 2000	Personal used clothing	\$100.00
13. <b>Nor</b> Exo	n-farm animals amples: Dogs, cats o es. Describe	Miscellaneous costume and fine jewelry , birds, horses	\$350.00
		1 Dog 1 Cat 1 Turtle	\$0.00
■ N	-	nd household items you did not already list, including any health aids you d	id not list
		e of all of your entries from Part 3, including any entries for pages you have a t number here	\$2,750.00
Part 4:	Describe Your Fina	ncial Assets	
Do you	own or have any	legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ N	a <i>mples:</i> Money you o	have in your wallet, in your home, in a safe deposit box, and on hand when you f	ile your petition
	orm 106A/B	Schedule A/B: Property	page

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De	ebtor 1 Christoph	or 1 Christopher ADH Duncan			Case number (if known)			
17.	institution			accounts; certificates		dit unions, brokerage houses, and other similar		
	□ No ■ Yes			Institution	n name:			
				Mostocal	Dank	£400.00		
		17.1	. Checking	Mutual	Dalik	\$400.00		
18.	■ No		•	h brokerage firms, m	noney market accounts			
	☐ Yes		mondation or iss	suel flame.				
19.	Non-publicly traded joint venture  No	stock and	d interests in inc	orporated and unin	ncorporated businesses,	, including an interest in an LLC, partnership, and		
	☐ Yes. Give specific		n about them ame of entity:			% of ownership:		
20.	Negotiable instrumer	nts include	personal checks	s, cashiers' checks, p	-negotiable instruments promissory notes, and mon ne by signing or delivering	ney orders.		
	☐ Yes. Give specific i		about them suer name:					
21.	■ No	in IRA, ER	ISA, Keogh, 401(	(k), 403(b), thrift savi	ngs accounts, or other per	nsion or profit-sharing plans		
	☐ Yes. List each acco		ately. e of account:	Institution	n name:			
22.		sed depos	sits you have mad		ontinue service or use fror electric, gas, water), teleco	m a company mmunications companies, or others		
	☐ Yes			Institution	n name or individual:			
23.	Annuities (A contract	t for a peri	odic payment of r	noney to you, either	for life or for a number of y	years)		
	☐ Yes	Issuer nai	me and description	on.				
24.	Interests in an educa 26 U.S.C. §§ 530(b)(1			ı a qualified ABLE p	orogram, or under a qual	lified state tuition program.		
	☐ Yes	Institution	name and descri	iption. Separately file	e the records of any interes	sts.11 U.S.C. § 521(c):		
25.	Trusts, equitable or ■ No	future int	erests in proper	ty (other than anyth	ning listed in line 1), and	rights or powers exercisable for your benefit		
	$\square$ Yes. Give specific	informatio	n about them					
26.	Patents, copyrights, Examples: Internet d  No		•	•	ctual property s and licensing agreement	ts		
	Yes. Give specific	informatio	n about them					
27.	■ No	permits, ex	clusive licenses,		tion holdings, liquor licens	es, professional licenses		
	☐ Yes. Give specific	informatio	n about them					
M	oney or property owe	d to you?				Current value of the		

Money or property owed to you?

Current value of the

Debtor 1	Christopher ADH Duncar	1	Case number (if know	vn)
				portion you own? Do not deduct secured claims or exemptions.
□ No				
■ Ye	s. Give specific information about	hem, including whether you already file	d the returns and the tax years	
		2017 Income Tax Refunds due (if any)	the Debtor Federal	Unknowr
		2017 Earned Income Credit du Debtors (if any)	e the State	Unknowr
Exai ■ No	ly support mples: Past due or lump sum alimo	ony, spousal support, child support, mai	ntenance, divorce settlement, prope	erty settlement
Exar	benefits; unpaid loans you	surance payments, disability benefits, sid made to someone else	ck pay, vacation pay, workers' com	pensation, Social Security
<i>Exai</i> □ No		rance; health savings account (HSA); of each policy and list its value.	redit, homeowner's, or renter's insu	ırance
	Company	name:	Beneficiary:	Surrender or refund value:
	Employe surrend	er term life insurance - No cash er value	Spouse	\$0.00
If you some	u are the beneficiary of a living true eone has died.	ou from someone who has died st, expect proceeds from a life insurance	e policy, or are currently entitled to r	receive property because
<i>Exai</i> ■ No	mples: Accidents, employment dis	or not you have filed a lawsuit or ma outes, insurance claims, or rights to sue	de a demand for payment	
■ No	•	aims of every nature, including coun	terclaims of the debtor and rights	s to set off claims
■ No	financial assets you did not alre	ady list		
		ntries from Part 4, including any entr		\$400.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Official Form 106A/B

Deb	tor 1 Christopher ADH Duncan		Case number (if known)	
<b>=</b>	o you own or have any legal or equitable interest in any business-rela No. Go to Part 6. Yes. Go to line 38.	eted property?		
Part	6: Describe Any Farm- and Commercial Fishing-Related Property Yo If you own or have an interest in farmland, list it in Part 1.	u Own or Have an Intere	st In.	
	Do you own or have any legal or equitable interest in any farm ■ No. Go to Part 7. □ Yes. Go to line 47.	ı- or commercial fishir	ng-related property?	
Part	7: Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
	Do you have other property of any kind you did not already lis  Examples: Season tickets, country club membership No Yes. Give specific information Add the dollar value of all of your entries from Part 7. Write ti			\$0.00
Part				Ψ0.00
55.	Part 1: Total real estate, line 2			\$75,000.00
57. 58. 59. 60.	Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 Part 4: Total financial assets, line 36 Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 Part 7: Total other property not listed, line 54	\$3,700.00 \$2,750.00 \$400.00 \$0.00 \$0.00 +		
62.	Total personal property. Add lines 56 through 61	\$6,850.00	Copy personal property total	\$6,850.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$81,850.00

Official Form 106A/B Schedule A/B: Property page 6

Cas	e 17-09020-RLI	AI-T2 DOCT LIFE	u 12/03/17	EOD 12/03/17 10.45.15	Fy 10 01 56
Fill in this inf	ormation to identify yo	our case:			
Debtor 1	Christopher A	DH Duncan Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for th	e: SOUTHERN DISTRICT	OF INDIANA		
Case number (if known)					☐ Check if this is an amended filing
Official F	orm 106C				
Schedu	ıle C: The F	Property You (	Claim as	Exempt	4/1
Be as complete	and accurate as possi	ble. If two married people are	filing together, bo	th are equally responsible for supplying	g correct information. Usin

the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	It 1: Identify the Property You Claim as E	xempt										
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.											
	You are claiming state and federal nonbar	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)								
	☐ You are claiming federal exemptions. 11	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)										
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.											
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption							
	constant 772 that hate the property	Copy the value from Schedule A/B	Che	eck only one box for each exemption.								
	500 N. Bittersweet Lane Muncie, IN 47304 Delaware County	\$75,000.00		\$0.00	Ind. Code § 34-55-10-2(c)(1)							
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit								
	2004 Toyota Rav 4 165,000 miles Line from Schedule A/B: 3.1	\$3,500.00		\$3,500.00	Ind. Code § 34-55-10-2(c)(2)							
	Ellie Holli Golloddie 772. GT			100% of fair market value, up to any applicable statutory limit								
	2003 Pontiac Grand Am not-operational	\$200.00	•	\$200.00	Ind. Code § 34-55-10-2(c)(2)							
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit								
	Miscellaneous used household goods including:	\$1,500.00		\$1,500.00	Ind. Code § 34-55-10-2(c)(2)							
	TV, entertainment center, couch, chairs, coffee tables, lamps, bedroom set, personal items. Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit								
	TV, DVD, Personal Computer, Printer Line from Schedule A/B: 7.1	\$200.00		\$200.00	Ind. Code § 34-55-10-2(c)(2)							
	Line Ironi Scriedule AVB. 1.1			100% of fair market value, up to								

Official Form 106C

any applicable statutory limit

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tor 1 Christopher ADH Duncan			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Miscellaneous used Books, CDs,	\$600.00		\$600.00	Ind. Code § 34-55-10-2(c)(2)
<b>DVDs and Wall hangings</b> Line from <i>Schedule A/B</i> : <b>8.1</b>			100% of fair market value, up to any applicable statutory limit	
Personal used clothing Line from Schedule A/B: 11.1	\$100.00		\$100.00	Ind. Code § 34-55-10-2(c)(2)
Ellie II of II of Italian A.B. TT.T			100% of fair market value, up to any applicable statutory limit	
Miscellaneous costume and fine jewelry	\$350.00		\$350.00	Ind. Code § 34-55-10-2(c)(2)
Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
Checking: Mutual Bank Line from Schedule A/B: 17.1	\$400.00		\$400.00	Ind. Code § 34-55-10-2(c)(3
Ellie II olii ochedale A.B. 1111			100% of fair market value, up to any applicable statutory limit	
Federal: 2017 Income Tax Refunds due the Debtor (if any)	Unknown		\$0.00	Ind. Code § 34-55-10-2(c)(3
Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
State: 2017 Earned Income Credit due the Debtors (if any)	Unknown		\$0.00	Ind. Code § 34-55-10-2(c)(1
Line from Schedule A/B: 28.2			100% of fair market value, up to any applicable statutory limit	
Employer term life insurance - No	\$0.00		\$0.00	Ind. Code § 27-1-12-17.1(f)
Beneficiary: Spouse Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
Are you claiming a homestead exemption			lod on or ofter the data of adjustures	ot )
(Subject to adjustment on 4/01/19 and every No	o years after that for ca	ases fi	ieu on or after the date of adjustmei	n <b>i.</b> )
☐ Yes. Did you acquire the property cover	red by the exemption w	ithin 1	,215 days before you filed this case	?
□ No				
☐ Yes				

#### Case 17-09020-RLM-13 Doc 1 Filed 12/05/17 EOD 12/05/17 10:45:15 Pg 18 of 58

Case 11	OSOZO IKZIV	110 2001 1 1100 12/00/17		12,00,11	.0.40.10	. 9 -	0 01 00
Fill in this information	on to identify you	ur case:					
	Christopher AD						
	irst Name	Middle Name Last Nar	ne				
Debtor 2 (Spouse if, filing) F	irst Name	Middle Name Last Nar	me				
United States Bankru	ptcv Court for the	: SOUTHERN DISTRICT OF INDIANA					
January States Barmara	proj Court for and						
Case number						Chook	if this is an
(ii kilowii)							led filing
							g
Official Form 1							
Schedule D:	Creditors	S Who Have Claims Secu	ıred	by Property	у		12/15
Be as complete and acc	urate as possible.	If two married people are filing together, both	are equa	lly responsible for su	pplying correct	informa	tion. If more space
is needed, copy the Add number (if known).	litional Page, fill it	out, number the entries, and attach it to this fo	rm. On tl	he top of any addition	nal pages, write	your na	me and case
1. Do any creditors have	e claims secured by	y your property?					
☐ No. Check this	box and submit t	his form to the court with your other schedul	es. You	have nothing else to	o report on this	form.	
Yes. Fill in all of	of the information	below.					
Part 1: List All Se	cured Claims						
2. List all secured clain	ns. If a creditor has	more than one secured claim, list the creditor sepa	arately	Column A	Column B		Column C
for each claim. If more t	han one creditor has	s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.		Amount of claim Do not deduct the	Value of colla that supports		Unsecured portion
	e ciaims in aiphabeil			value of collateral.	claim		If any
2.1 Seterus Inc Creditor's Name		Describe the property that secures the claim		\$92,872.00	\$75,00	00.00	\$17,872.00
Ordanor o Marino		500 N. Bittersweet Lane Muncie, IN 47304 Delaware County					
14523 SW Mil	likan Way	As of the date you file, the claim is: Check all the					
St	ND 0700E	apply.	ial				
Beavertton, C		Contingent					
Number, Street, City,	State & Zip Code	☐ Unliquidated☐ Disputed					
Who owes the debt?	Check one.	Nature of lien. Check all that apply.					
Debtor 1 only		☐ An agreement you made (such as mortgage	or secure	ed			
Debtor 2 only		car loan)					
Debtor 1 and Debtor	,	Statutory lien (such as tax lien, mechanic's li	en)				
☐ At least one of the de		☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) <b>Mortg</b>	ana				
community debt	leiales to a	Other (including a right to offset)	age				
	Opened						
	10/06 Last						
<b>-</b>	Active		314				
Date debt was incurred	5/01/17	Last 4 digits of account number 4-	J14				
Add the dollar value	of your entries in C	column A on this page. Write that number here:		\$92,87	2.00		
If this is the last page Write that number he		the dollar value totals from all pages.		\$92,87	2.00		
		or a Debt That You Already Listed					
		ne notified about your bankruptcy for a debt that nowe to someone else, list the creditor in Part 1,					
than one creditor for a debts in Part 1, do not		t you listed in Part 1, list the additional creditor	s here. I	f you do not have add	ditional persons	to be no	otified for any
	car c. oublint ti	F0					
	Street, City, State &	Zip Code C	n which l	ine in Part 1 did you e	nter the creditor?	2.1	
	cuit Court #3 03-1707-MF-0	00156	ast 4 dini	ts of account number _			
100 W Wash	ington St		aut ruigi	or account number _	_		
Muncie, IN 4	7305						

Official Form 106D

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Debto	1 Christopher ADH Duncan			Case number (if know)				
	First Name	Middle Name	Last Name					
				On which line in Part 1 did you enter the creditor? _2.1_  Last 4 digits of account number				
	Name, Number, Street Feiwell & Hanno Attn: 18C03-1707 251 N Illinois St., Indianapolis, IN 4	7-MF-000156 Suite 1700		On which line in Part 1 did you enter the creditor? 2.1  Last 4 digits of account number				
	Name, Number, Street Seterus Inc 14523 Sw Millika Beaverton, OR 9	•		On which line in Part 1 did you enter the creditor? _2.1_  Last 4 digits of account number				

### Case 17-09020-RLM-13 Doc 1 Filed 12/05/17 EOD 12/05/17 10:45:15 Pg 20 of 58

	Case	17-09020-INLINI-13	DOC 1 THEC	1 12/03/11	LOD	12/03/17 10.	43.13 F	y 20 01 3	0
Ħ	l in this inforn	nation to identify your case							
De	ebtor 1	Christopher ADH Dur	ıcan						
		First Name	Middle Name	Last Name	)				
	ebtor 2	First Name	Middle Name	Loot Nome					
(Sp	ouse if, filing)	First Name	Middle Name	Last Name	,				
Ur	ited States Ba	nkruptcy Court for the: SC	UTHERN DISTRICT	OF INDIANA					
	ase number						_	neck if this is nended filing	
Sc Be	as complete and	n 106E/F  E/F: Creditors Who  d accurate as possible. Use Paracts or unexpired leases that	t 1 for creditors with P	RIORITY claims ar	nd Part 2 fo				her party to
Sch Sch left. nan	edule G: Execuredule D: Creditor Attach the Conne and case nun	tory Contracts and Unexpired I ors Who Have Claims Secured tinuation Page to this page. If y nber (if known).	eases (Official Form 1 by Property. If more sp ou have no informatio	06G). Do not inclu ace is needed, co	de any cre py the Part	ditors with partially s you need, fill it out,	secured claims t number the enti	hat are listed ies in the box	in ces on the
		II of Your PRIORITY Unsecu							
1.		ors have priority unsecured clai	ms against you?						
	No. Go to P	art 2.							
	Yes.								
2.	identify what typ possible, list the	r priority unsecured claims. If a pe of claim it is. If a claim has bot e claims in alphabetical order acc than one creditor holds a particula	h priority and nonpriority ording to the creditor's n	amounts, list that came. If you have m	laim here a	nd show both priority a	and nonpriority ar	nounts. As mu	ch as
	(For an explana	ation of each type of claim, see th	e instructions for this for	m in the instruction	booklet.)				
					•	Total claim	Priority amount	Nonprio amount	•
2.1	Courtne	ey Howard-Duncan	Last 4 digits of	account number	None	\$0.00		0.00	\$0.00
	5901 W.	editor's Name . River Road	When was the	debt incurred?			=		
		, IN 47304 treet City State Zlp Code	As of the date v	ou file, the claim	is: Check a	II that apply			
		d the debt? Check one.	Contingent	ou me, me claim	is. Oncor a	п тас арргу			
	Debtor 1 o	only	☐ Unliquidated						
	Debtor 2 o	only	☐ Disputed						
	_	and Debtor 2 only		TY unsecured cla	im:				
	_	ne of the debtors and another	Domestic su	pport obligations					
	_	his claim is for a community d		ertain other debts y	ou owo tho	government			
		nis claim is for a community d subject to offset?		ertain other debts y eath or personal inj					
	■ No	,	Other. Speci		. , ,0				
	☐ Yes		- Other. Speci	Child Supp	ort				

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De	otor 1 Christopher ADH Duncan		Case nu	mber (if know)		
2.2		Last 4 digits of account number	7508	\$184.00	\$184.00	\$0.00
	Priority Creditor's Name  Bankruptcy Section, MS108  100 N Senate Ave, Room N240 Indianapolis, IN 46204	When was the debt incurred?	2016			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all t	hat apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts y	ou owe the go	vernment		
	Is the claim subject to offset?	☐ Claims for death or personal inj	ury while you v	vere intoxicated		
	■ No	Other. Specify				
	Yes	Income Ta	x			
2.3	IRS	Last 4 digits of account number	7508	\$500.00	\$500.00	\$0.00
	Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?	2016			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all t	hat apply		
	Who incurred the debt? Check one.	☐ Contingent				
	■ Debtor 1 only	☐ Unliquidated				
	☐ Debtor 2 only	☐ Disputed				
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
	☐ At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts y	ou owe the go	vernment		
	Is the claim subject to offset?	Claims for death or personal inj	ury while you v	vere intoxicated		
	■ No	Other. Specify				
	Yes	Income Ta	X			
Pai	t 2: List All of Your NONPRIORITY Unsecu	ured Claims				
3.	Do any creditors have nonpriority unsecured claim	ns against you?				
	$\hfill\square$ No. You have nothing to report in this part. Submit	this form to the court with your other s	chedules.			
	Yes.					
4.	List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c					

than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Debto	Christopher ADH Duncan	Case number (if know)			
4.1	Harris & Harris	Last 4 digits of account number	2883	\$8,501.00	
	Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400	When was the debt incurred?	Opened 9/17/15		
	Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed	d alaim.		
	At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	d claim:		
	☐ Check if this claim is for a community debt  Is the claim subject to offset?		ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts		
	Yes		BALL MEMORIAL HOSP		
4.2	Harris & Harris Nonpriority Creditor's Name	Last 4 digits of account number	1929	\$1,087.00	
	111 W Jackson Blvd	When was the debt incurred?	Opened 8/12/15		
	Suite 400 Chicago, IL 60604				
	Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community debt	Student loans			
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify IU HEALTH	BALL MEMORIAL HOSP		
4.3	Harris & Harris	Last 4 digits of account number	7063	\$150.00	
	Nonpriority Creditor's Name  111 W Jackson Blvd	When was the debt incurred?	Opened 9/12/14		
	Suite 400 Chicago, IL 60604				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	<ul> <li>Obligations arising out of a separeport as priority claims</li> </ul>	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts		
	☐ Yes	Other. Specify HEALTH C	<del>- ·</del>		
	50	- Other. Specify			

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Debto	Christopher ADH Duncan		Case number (if know)	
4.4	Harris & Harris	Last 4 digits of account number	7634	\$148.00
	Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400	When was the debt incurred?	Opened 10/08/14	
	Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify IU HEALTH	H BALL MEMORIAL HOSP	
4.5	Harris & Harris Nonpriority Creditor's Name	Last 4 digits of account number	5417	\$130.00
	111 W Jackson Blvd	When was the debt incurred?	Opened 5/15/15	
	Suite 400		<u> </u>	
	Chicago, IL 60604  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam	is. Oncor all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-shari	ng plans, and other similar debts	
			<b>31</b> ,	
	☐ Yes	Other. Specify INDIANA U	INIVERSITY RADIOLOGY	
4.6	Harris & Harris Nonpriority Creditor's Name	Last 4 digits of account number	6119	\$116.00
	111 W Jackson Blvd Suite 400	When was the debt incurred?	Opened 10/10/14	
	Chicago, IL 60604			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure  ☐ Student loans	a ciaim:	
	☐ Check if this claim is for a community debt	_	protion agreement or diverse that you did not	
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify HEALTH C	ARE CONNECTIONS	

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Debto	Christopher ADH Duncan		Case number (if know)		
4.7	Harris & Harris	Last 4 digits of account number	2256	\$116.00	
	Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400	When was the debt incurred?	Opened 10/10/14		
	Chicago, IL 60604  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.  Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	☐ Yes	■ Other. Specify HEALTH C	ARE CONNECTIONS		
4.8	Harris & Harris	Last 4 digits of account number	3084	\$106.00	
	Nonpriority Creditor's Name 111 W Jackson Blvd	When was the debt incurred?	Opened 6/19/15		
	Suite 400 Chicago, IL 60604				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	_			
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed	d alatas		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure  ☐ Student loans	a ciaim:		
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	dration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	Yes	■ Other. Specify HEALTH C	ARE CONNECTIONS		
4.9	Harris & Harris	Last 4 digits of account number	5383	\$100.00	
	Nonpriority Creditor's Name  111 W Jackson Blvd	When was the debt incurred?	Opened 9/10/14		
	Suite 400 Chicago, IL 60604				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	No	Debts to pension or profit-sharir	ng plans, and other similar debts		
	☐ Yes	Other. Specify IU HEALTH			
	<b>□</b> 169	Other. Specify	I DALL IVILIVIONIAL HUOF		

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Debtor	Christopher ADH Duncan	Case number (if know)			
4.1 0	Harris & Harris	Last 4 digits of account number	2349	\$98.00	
	Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400		Opened 8/13/14		
	Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not		
	No	☐ Debts to pension or profit-sharin	• •		
	Yes	Other. Specify IU HEALTH	BALL MEMORIAL HOSP		
4.1	Harris & Harris Nonpriority Creditor's Name	Last 4 digits of account number	7781	\$72.00	
	111 W Jackson Blvd Suite 400	When was the debt incurred?	Opened 9/12/14		
	Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify HEALTH CA	ARE CONNECTIONS		
4.1	Harris & Harris	Last 4 digits of account number	7040	\$72.00	
	Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400	When was the debt incurred?	Opened 7/10/15		
	Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharin	• •		
	Yes	Other. Specify HEALTH CA	ARE CONNECTIONS		

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Debtor	Christopher ADH Duncan	Case number (if know)			
4.1	Harris & Harris	Last 4 digits of account number	5729	\$69.00	
	Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400		Opened 4/10/15		
	Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not		
	No	Debts to pension or profit-sharin	• •		
	Yes	Other. Specify HEALTH CA	ARE CONNECTIONS		
4.1 4	Harris & Harris	Last 4 digits of account number	8435	\$69.00	
	Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400	When was the debt incurred?	Opened 4/10/15		
	Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts		
	□ Yes	Other. Specify HEALTH CA	ARE CONNECTIONS		
4.1 5	Harris & Harris	Last 4 digits of account number	5382	\$54.00	
	Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400	When was the debt incurred?	Opened 9/10/14		
	Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:		
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul>	ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	•		
	No	Debts to pension or profit-sharin	• •		
	☐ Yes	Other. Specify IU HEALTH	BALL MEMORIAL HOSP		

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Debto	Christopher ADH Duncan		Case number (if know)	
4.1 6	IMC Credit Services	Last 4 digits of account number	9615	\$356.00
	Nonpriority Creditor's Name PO Box 20636	When was the debt incurred?	Opened 07/14	
	Indianapolis, IN 46220 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	1 claim:	
	At least one of the debtors and another	Student loans	i Ciaiiii.	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes		Attorney TAREK KTELEH MD	
4.1 7	Us Dept Ed	Last 4 digits of account number	9648	\$18,122.00
	Nonpriority Creditor's Name ECMC/Bankruptcy PO Box 16408 St Paul. MN 55116	When was the debt incurred?	Opened 02/11 Last Active 8/01/17	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	l .	
4.1 8	Us Dept Ed	Last 4 digits of account number	9379	\$3,131.00
	Nonpriority Creditor's Name ECMC/Bankruptcy PO Box 16408	When was the debt incurred?	Opened 02/11 Last Active 8/01/17	
	St Paul, MN 55116  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
		Educationa	ıl	

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Debto	Christopher ADH Duncan		Case number (if know)	
4.1 9	Usa Funds/sallie Mae Servicing	Last 4 digits of account number	5350	\$4,883.00
	Nonpriority Creditor's Name CBE Group PO Box 900 Waterloo, IA 50704	When was the debt incurred?	Opened 04/17 Last Active 7/31/17	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community debt	Student loans	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-shari	ng plans, and other similar debts	
	☐ Yes	Other. Specify		
	33		al CITIBANK N.A.	
Part 3	List Others to Be Notified About a De			
is try have notif	ying to collect from you for a debt you owe to s e more than one creditor for any of the debts th fied for any debts in Parts 1 or 2, do not fill out	omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add or submit this page.	you already listed in Parts 1 or 2. For example, if a c n Parts 1 or 2, then list the collection agency here. S litional creditors here. If you do not have additional	Similarly, if you
	and Address	On which entry in Part 1 or Part 2 did yo	_	
	Memorial Hospital : Bankruptcy Dept.		Part 1: Creditors with Priority Unsecured Claims	
	W. University Ave.	•	Part 2: Creditors with Nonpriority Unsecured Claims	
Mun	cie, IN 47303-3428	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	is & Harris	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
	West Jackson Boulevard	ı	Part 2: Creditors with Nonpriority Unsecured Claims	
Cnic	ago, IL 60604	Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did yo		
	is & Harris	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
	West Jackson Boulevard ago, IL 60604		Part 2: Creditors with Nonpriority Unsecured Claims	
	ago, 12 0000+	Last 4 digits of account number		
Nama	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	is & Harris		☐ Part 1: Creditors with Priority Unsecured Claims	
	West Jackson Boulevard		Part 2: Creditors with Nonpriority Unsecured Claims	
Chic	ago, IL 60604	Last 4 digits of account number	, , , , , , , , , , , , , , , , , , ,	
		Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did yo		
	is & Harris West Jackson Boulevard		Part 1: Creditors with Priority Unsecured Claims	
	ago, IL 60604		Part 2: Creditors with Nonpriority Unsecured Claims	
		Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	is & Harris	_ · · · · · · · · · · · · · · · · · · ·	Part 1: Creditors with Priority Unsecured Claims	
	West Jackson Boulevard	ı	Part 2: Creditors with Nonpriority Unsecured Claims	
Cnic	ago, IL 60604	Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	is & Harris		☐ Part 1: Creditors with Priority Unsecured Claims	
	West Jackson Boulevard	ı	Part 2: Creditors with Nonpriority Unsecured Claims	
OHIC	ago, IL 60604	Last 4 digits of account number		

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Debtor 1 Christopher ADH Duncan	Case number (if know)	
Name and Address Harris & Harris 111 West Jackson Boulevard Chicago, IL 60604	On which entry in Part 1 or Part 2 did y Line <b>4.7</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
ge, - <u>-</u>	Last 4 digits of account number	
Name and Address Harris & Harris 111 West Jackson Boulevard Chicago, IL 60604	On which entry in Part 1 or Part 2 did y Line 4.8 of (Check one):  Last 4 digits of account number	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
	<del>_</del>	
Name and Address Harris & Harris 111 West Jackson Boulevard Chicago, IL 60604	On which entry in Part 1 or Part 2 did y Line 4.9 of (Check one):	you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims
••a.g., ••••	Last 4 digits of account number	
Name and Address Harris & Harris 111 West Jackson Boulevard Chicago, IL 60604	On which entry in Part 1 or Part 2 did y Line <b>4.10</b> of ( <i>Check one</i> ):  Last 4 digits of account number	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims
Norman and Address	<del>-</del>	condition the provincia all the PO
Name and Address Harris & Harris 111 West Jackson Boulevard Chicago, IL 60604	On which entry in Part 1 or Part 2 did y Line 4.11 of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Harris & Harris 111 West Jackson Boulevard Chicago, IL 60604	On which entry in Part 1 or Part 2 did y Line 4.12 of (Check one):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
5.110dg0, 12 00004	Last 4 digits of account number	
Name and Address Harris & Harris 111 West Jackson Boulevard Chicago, IL 60604	On which entry in Part 1 or Part 2 did y Line 4.13 of ( <i>Check one</i> ):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
511104g6, 12 00004	Last 4 digits of account number	
Name and Address Harris & Harris 111 West Jackson Boulevard Chicago, IL 60604	On which entry in Part 1 or Part 2 did y Line <b>4.14</b> of ( <i>Check one</i> ):  Last 4 digits of account number	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Harris & Harris 111 West Jackson Boulevard Chicago, IL 60604	On which entry in Part 1 or Part 2 did y Line 4.15 of (Check one):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address IMC Credit Services 6955 Hillsdale Ct Indianapolis, IN 46250	On which entry in Part 1 or Part 2 did y Line 4.16 of (Check one):  Last 4 digits of account number	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address IU Health Attn: Bankruptcy Dept. 250 N. Shadeland Ave. Indianapolis, IN 46219	On which entry in Part 1 or Part 2 did y Line <b>4.1</b> of ( <i>Check one</i> ):  Last 4 digits of account number	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Us Dept Ed Po Box 4222	On which entry in Part 1 or Part 2 did y Line <b>4.17</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims

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Debtor 1 Christopher ADH Duncan	Case number (if know)
Iowa City, IA 52244	■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Name and Address Us Dept Ed Po Box 4222 Iowa City, IA 52244	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.18 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
10.1.a 0.1.y, 11. 0.2	Last 4 digits of account number
Name and Address Usa Funds/sallie Mae Servicing Pob 9460 Mc E2142 Wilkes Barre, PA 18773	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.19 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

6a.				
ua.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	684.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	684.00
			_	
6f	Student loans	6f		otal Claim 26,136.00
oi.	otadent loans	Oi.	Ψ	20,130.00
6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount	6i.	<u> </u>	11,244.00
	nere.		Ψ	
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	37,380.00
	6c. 6d. 6e. 6f. 6g. 6h.	<ul> <li>6c. Claims for death or personal injury while you were intoxicated</li> <li>6d. Other. Add all other priority unsecured claims. Write that amount here.</li> <li>6e. Total Priority. Add lines 6a through 6d.</li> <li>6f. Student loans</li> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other similar debts</li> <li>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</li> </ul>	6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d.  6e. Total Priority. Add lines 6a through 6d. 6e.  6f. Student loans 6f.  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$  6e. Total Priority. Add lines 6a through 6d.  6f. Student loans  6f. \$  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.  8 6c. \$  6c. \$  6d. \$  6d. \$  6e. \$  6f. \$  6g. \$  6h. \$  6h. \$  6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

Fill in this infor	ill in this information to identify your case:				
Debtor 1	Christopher ADH	Duncan			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Case number (if known)					☐ Check if this is an amended filing

### Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<del>_</del>
	City		State	ZIP Code	<u> </u>
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	,		310.10	5000	
	Name				_
	Number	Street			
	City		State	ZIP Code	_

# Case 17-09020-RLM-13 Doc 1 Filed 12/05/17 EOD 12/05/17 10:45:15 Pg 32 of 58

Fill in this int					
	formation to identify your				
Debtor 1	Christopher ADH First Name	Duncan Middle Name	Last Name		
Debtor 2	riistivanie	Wildio Hamo	Lastitano		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Case number					
(if known)					☐ Check if this is an
					amended filing
Ott:=:=1 L	- man 40011				
	Form 106H				
Schedu	le H: Your Cod	ebtors			12/15
					s possible. If two married d, copy the Additional Page,
				s complete and accurate as	
ill it out, and	number the entries in the	boxes on the left. Attach	the Additional Page t	o this page. On the top of a	
our name an	d case number (if known)	. Answer every question			
1. Do you	u have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
<b>=</b>					
■ No					
☐ Yes					
2. Within	the last 8 years, have you	ı lived in a community pı	operty state or territor	y? (Community property state	es and territories include
Arizona, (	California, Idaho, Louisiana	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash	ington, and Wisconsin.)	
■ Na Ca	o to line 3.				
_		use or legal equivalent live	with you at the time?		
□ Yes. D	id your spouse, former spo	use, or legal equivalent live	e with you at the time?		
					you. List the person shown
					editor on Schedule D (Officia dule E/F, or Schedule G to fi
out Colu		,,		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
Col	lumn 1: Your codebtor			Column 2: The creditor	to whom you owe the debt
	e, Number, Street, City, State and Z	IP Code		Check all schedules that	
3.1 Nan	200			_ Schedule D, line _	
Ivan	ie .			☐ Schedule E/F, line	
				☐ Schedule G, line	
Nun				<del>_</del>	
City		State	ZIP Code		
				_	
3.2	20			Schedule D, line	
Nan	ne			☐ Schedule E/F, line	
				☐ Schedule G, line	
Nun		_		_	
City		State	ZIP Code		

Schedule H: Your Codebtors

Official Form 106H Software Copyright (c) 1996-2017 Best Case, LLC - www.bestcase.com

Fill in this information	ation to identify your case:	
Debtor 1	Christopher ADH Duncan	
Debtor 2 (Spouse, if filing)		
United States Ba	ankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA	
Case number (If known)		Check if this is:  An amended filing  A supplement showing postpetition chapter
Official Fo	orm 106I	13 income as of the following date:  MM / DD/ YYYY

#### Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment					
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse		
	If you have more than one job,		■ Employed	■ Employed		
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed  Team Leader  Meijer		
	employers.	Occupation	GM Clerk			
	Include part-time, seasonal, or self-employed work.	Employer's name	Meijer			
	Occupation may include student or homemaker, if it applies.	Employer's address	6260 W. McGalliard Muncie, IN 47304	6260 W. McGalliard Muncie, IN 47304		
		How long employed th	nere? 5 Year	17 Years		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,316.21 \$ 4,121.07

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 2,316.21 \$ 4,121.07

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Christopher ADH Duncan	-		Case	e number (if k	nowi	1) .					
					Fo	r Debtor 1				Debtor	2 or spouse		
	Cop	by line 4 here	4.		\$	2,31	6.2	1	\$		,121.07	,	
5.	l ist	all payroll deductions:						_					
Э.	5a.	Tax, Medicare, and Social Security deductions	5a		\$	<b>E</b> 0	2 4	2	\$		006 E		
	5a. 5b.	Mandatory contributions for retirement plans	5b		\$ \$		3.4 0.0	_	\$ 		996.54 0.00	_	
	5c.	Voluntary contributions for retirement plans	50		\$ -		0.0	_	Ψ		0.00	_	
	5d.	Required repayments of retirement fund loans	50		\$		0.0	_	\$ 		61.27	_	
	5e.	Insurance	5e		\$-		7.8	_	\$		37.09	_	
	5f.	Domestic support obligations	5f.		\$		1.6		\$		0.00	_	
	5g.	Union dues	50		\$		0.0		\$		0.00	_	
	5h.	Other deductions. Specify:	_	) 1.+	\$			<u>~</u> +	· \$ —		0.00	_	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$	1,20		_	\$	1.	,094.90		
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,11			\$		,026.17	_	
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88		\$		0.0	0	\$		0.00	)	
	8b.	Interest and dividends	8b	).	\$_		0.0	0	\$		0.00	<u> </u>	
	8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	80 80 86	d.	\$_ \$_ \$_		0.0 0.0 0.0	0	\$ \$		0.00 0.00 0.00	)	
		Nutrition Assistance Program) or housing subsidies.	۰,		•			_	•				
	9.0	Specify: Pension or retirement income	_ 8f		\$_ \$		0.0	_	\$		0.00	_	
	8g. 8h.	Other monthly income. Specify:	98 49	ا. ۱.+	· -		0.0	<u>∪</u> 0 +	, φ <sub>—</sub>		0.00	_	
	OII.	Other monthly medine. Specify.	_ 01	1. <del>T</del>	Ψ_		0.0	י <u>ע</u>	-Ψ <u></u>		0.00	<u>'</u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	-	0.0	D	\$		0.0	0	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	ф.		1,113.27	1.[	<u> </u>	2.04	26.17	= \$		20.44
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ-		1,113.21	╢	Ψ_	3,02	20.17	- Φ -	4,1	39.44
11.	Stat Inclu othe Do n	the all other regular contributions to the expenses that you list in Schedule under contributions from an unmarried partner, members of your household, your per friends or relatives. In the contribution of the contribution and amounts already included in lines 2-10 or amounts that are not accify:	depe						,		∍ <i>J</i> . +\$		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies								12.	\$	4,1	39.44
13.	Do	you expect an increase or decrease within the year after you file this form	?							,	Comb		ome
		No.											
		Yes Explain:											

Official Form 106I Schedule I: Your Income page 2

Eill	in this informa	tion to identify yo	ur casa.					
						Ol	ala Walio da	
Deb	tor 1	Christopher	ADH Dui	ncan		Che	ck if this is:  An amended filing	
Deb	tor 2						A supplement show	ving postpetition chapter
(Spo	ouse, if filing)				_		13 expenses as of	the following date:
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA							MM / DD / YYYY	
!	e number nown)							
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your I	Exper	ises				12/1
Be info	as complete a	and accurate as	possible eded, atta	. If two married people anch another sheet to this				
Par 1.	t 1: Descr Is this a join	ibe Your House	hold					
١.	_							
	■ No. Go to	ı iine 2. <b>s Debtor 2 live i</b>	n a sanar	ate household?				
	□ res. <b>Doe</b>		ii a sepai	ate nousenoiu:				
	_		t file Offici	al Form 106J-2, Expenses	s for Separate Housel	hold of Deb	otor 2.	
2.	Do you have	e dependents?	□ No		·			
	Do not list De	•	■ Yes.	Fill out this information for	Dependent's relation		Dependent's	Does dependent
	Debtor 2.			each dependent	Debtor 1 or Debtor	2	age	live with you?
	Do not state						40	□ No
	dependents	names.			Son		12	Yes
					Daughter		18	■ No
					Daugillei			☐ Yes ☐ No
								☐ Yes
					-		_	□ No
								☐ Yes
3.		enses include		No	-			
		f people other th d your depender	nan <sub>—</sub>	Yes				
	yoursen and	i your depender	113 :					
		ate Your Ongoir		<del>, ,</del>				
exp				uptcy filing date unless y y is filed. If this is a supp				
the	value of such	n assistance and		government assistance i			V	
(Off	ficial Form 10	6I.)					Your expe	enses
4.		r home ownersl d any rent for the		ses for your residence. I	Include first mortgage	4. \$	\$	0.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. S	\$	0.00
		rty, homeowner's				4b. S	\$	0.00
				ipkeep expenses		4c. \$		75.00
_		owner's associati			ma aguite leer-	4d. S	·	0.00
5.	Additional n	nortgage payme	ents for yo	<b>our residence,</b> such as ho	rne equity loans	5. 9	Þ	0.00

Debtor 1	Christopher ADH Duncan	Case num	nber (if known)	
6. <b>Utilit</b>	ies:			
6a.	Electricity, heat, natural gas	6a.	\$	275.00
6b.	Water, sewer, garbage collection	6b.	\$	85.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	350.00
6d.	Other. Specify:	6d.	· <u> </u>	0.00
7. <b>Foo</b>	l and housekeeping supplies		·	869.00
	dcare and children's education costs	8.	\$	50.00
	ning, laundry, and dry cleaning	9.	·	200.00
	onal care products and services	10.	·	110.00
			·	
	cal and dental expenses	11.	\$	190.00
	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	365.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	*	115.00
			·	
	itable contributions and religious donations	14.	\$	0.00
5. Insu				
	ot include insurance deducted from your pay or included in lines 4 or 20.  Life insurance	15a.	¢	0.00
			·	0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	·	160.00
	Other insurance. Specify:	15d.	\$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.	-		
Spec	ify:	16.	\$	0.00
7. Insta	Ilment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	335.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as		•	
	icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	r payments you make to support others who do not live with you.		\$	0.00
Spec		19.		
	r real property expenses not included in lines 4 or 5 of this form or on Sche		our Income.	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	\$	0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	· —	0.00
			·	
	Homeowner's association or condominium dues	20e.	·	0.00
	r: Specify: Pet care	21.	+\$	50.00
Ban	k and postage		+\$	10.00
Boo	ks/Newspapers/Miscellaneous		+\$	50.00
2 Colo	ulate value manthly evenence			
	ulate your monthly expenses		•	2 222 22
	Add lines 4 through 21.		\$	3,289.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	3,289.00
2 Cal-	ulate your monthly not income			
	ulate your monthly net income.	00-	¢	4.400.44
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	4,139.44
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	3,289.00
225	Cubtract your monthly evanges from your monthly income			
23C.	Subtract your monthly expenses from your monthly income.	23c.	\$	850.44
	The result is your monthly net income.	200.	Ŧ	300
For e	ou expect an increase or decrease in your expenses within the year after your earners, do you expect to finish paying for your car loan within the year or do you expect your			or decrease because of a
	ication to the terms of your mortgage?			
■ N				
☐ Y	es. Explain here:			

Fill in th	nis informat	tion to identify your	case:					
Debtor 1	I	Christopher ADH	Duncan					
	-	First Name	Middle Name	Las	st Name			
Debtor 2	_	F:	ACT III AT					
(Spouse if,	filing)	First Name	Middle Name	Las	st Name			
United S	States Bankr	ruptcy Court for the:	SOUTHERN DISTRICT	OF INDIAN	IA			
0								
(if known)	imber						п	Check if this is an
,								amended filing
								Ü
Officia	al Form 1	106Dec						
Dacl	aratic	n Ahout a	n Individual	Daht	or's Sch	adulas		40/45
Deci	aratic	ni About a	III IIIuIViuuai	DEDI	<u> </u>	euules		12/15
lf two ma	arried neon	le are filing together	, both are equally respon	ncible for s	unnlying correc	t information		
	arrica peop	ic are ming together	, both are equally respon	11010101010	applying conco	t iiiioi iiiatioii.		
			le bankruptcy schedules					
		property by fraud in LS.C. §§ 152, 1341, 1	n connection with a bank	cruptcy cas	e can result in fi	ines up to \$250,0	00, or imp	risonment for up to 20
years, or	DOLII. 10 U	.5.0. 99 152, 1541, 1	313, and 3371.					
	Sign B	elow						
Did	l you pay o	r agree to pay some	one who is NOT an attor	ney to help	you fill out ban	kruptcy forms?		
	No							
П	Yes. Nam	ne of person				Attach Bar	nkruptcv Pe	etition Preparer's Notice,
_								ature (Official Form 119)
Und	lor popalty	of poriury I doctore	that I have read the sum	mary and s	chodulos filod w	vith this doclarati	on and	
		ue and correct.	iliai i liave leau ille Sulli	ilialy allu s	chedules med w	vitti tilis deciarati	on and	
	•							
		opher ADH Dunca	n	X	0: (5	10		
	Christoph Signature of	ner ADH Duncan			Signature of De	otor 2		
	oignature 0	יו הפמומו ו						
	Date <b>Dec</b>	cember 4, 2017			Date			
		, -						

Official Form 106Dec

Fill	in this inform	nation to identify you	r case:			
	tor 1	Christopher ADI				
Deb	tor r	First Name	Middle Name	Last Name		
	tor 2 use if, filing)	First Name	Middle Name	Last Name		
		nkruptcy Court for the:	SOUTHERN DISTRICT (			
Offic	eu States Dai	ikruptcy Court for the.	300THERN DISTRICT C	DI INDIANA		
Cas (if kno	e number					Check if this is an mended filing
Sta Be a	s complete a	of Financial		re filing together, both are	ankruptcy equally responsible for sup	
		i). Answer every ques		uns form. On the top of any	y additional pages, write you	u name and case
			rital Status and Where You	Lived Before		
1.	What is your	current marital statu	is?			
	■ Married □ Not mar	ried				
2.	During the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	t all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>.</i>	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	ficial Form 106H).		
Part	Explain	n the Sources of You	r Income			
	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$25,400.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Christopher ADH Duncan				r ADH Dunc	an	Case number (if known)			
							_		
					Debtor 1		Debtor 2		
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of incor Check all that app		Gross income (before deductions and exclusions)
			lar year: Decembei	31, 2016 )	■ Wages, commissions, bonuses, tips	\$23,000.00	☐ Wages, comm bonuses, tips	issions,	
					☐ Operating a business		Operating a bu	usiness	
				efore that: 31, 2015)	■ Wages, commissions, bonuses, tips	\$22,000.00	☐ Wages, comm bonuses, tips	issions,	
					☐ Operating a business		Operating a bu	usiness	
	and of winnin	ther p ngs. If ach se	ublic bene you are fi	efit payments; ling a joint cas the gross inco	ner that income is taxable. Exa pensions; rental income; interse and you have income that your ome from each source separa	rest; dividends; money collect you received together, list it o	ted from lawsuits; ro only once under Deb	yalties; and tor 1.	
					Debtor 1		Debtor 2		
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of incor Describe below.	me	Gross income (before deductions and exclusions)
Pa	rt 3:	List	Certain P	ayments You	Made Before You Filed for	Bankruptcy			
6.		No.	Neither Dindividual During the No. Yes  * Subject	primarily for a 90 days befor Go to line 7 List below of paid that crunot include to adjustmen or Debtor 2 of 90 days befor Go to line 7 List below of	each creditor to whom you pai editor. Do not include paymer payments to an attorney for the ton 4/01/19 and every 3 year or both have primarily consu- pre you filed for bankruptcy, dients, consumpted to the part of the payment of t	Imer debts. Consumer debtal depurpose."  d you pay any creditor a total data at total of \$6,425* or more into for domestic support oblighis bankruptcy case. In a fater that for cases filed on the fater debts.  d you pay any creditor a total data total of \$600 or more and	I of \$6,425* or more in one or more paym pations, such as child or after the date of a I of \$600 or more?	?  nents and the disupport are adjustment.  but paid that	ne total amount you alimony. Also, do
	0	1:41	Name	attorney for	ments for domestic support o this bankruptcy case.				
	Cred	litor's	Name ar	d Address	Dates of payme	nt Total amount paid	Amount you still owe	was this p	ayment for

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Case number (if known)

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partner r more of their voting	erships of which yo g securities; and a	u are a general ny managing ag	partner; corporations ent, including one fo
	<ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>					
	. ,	Dates of navment	Total amount	Amount you	Dosson for th	nic novment
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the	ns payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a del	ot that benefited an
	■ No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credite	
Por	t At Identify Logal Actions Department	ond Forcelecures	<b>P</b>			
Par	t 4: Identify Legal Actions, Repossession	is, and Foreciosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.					
	No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	Federal National Mortgage Association v. Christopher A. Duncan 18C03-1707-MF-000156	Collections	Delaware Circu 100 W Washing Muncie, IN 473	gton St	■ Pending □ On appea □ Concluded	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.		rty repossessed, f	oreclosed, garnis	hed, attached,	seized, or levied?
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property				Value of the property
		Explain what happened				рторого
	Us Dept Ed	Wage garnishment			017-12/5/	\$848.00
	ECMC/Bankruptcy PO Box 16408	☐ Property was reposse	ssod	2017		
	St Paul, MN 55116	☐ Property was reposse				
		■ Property was garnishe				
		☐ Property was attached				
		Troperty was attached	a, seized of levied.			
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment became No Yes. Fill in the details.		uding a bank or fir	nancial institution	, set off any an	nounts from your
		Describe the action the	araditar task	Deta	action was	A
	Creditor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount

Debtor 1 Christopher ADH Duncan

Case number (if known)

12.	Within 1 year before you filed for bankri court-appointed receiver, a custodian, of		ras any of your property in the possession of an er official?	assignee for the ben	efit of creditors, a	
	■ No □ Yes					
Pai	t 5: List Certain Gifts and Contribution	ns				
13.	■ No	ruptcy,	did you give any gifts with a total value of more t	han \$600 per person	?	
	☐ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$6 per person	00	Describe the gifts	Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift and Address:	t				
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No  Yes. Fill in the details for each gift or contribution.					
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo		Describe what you contributed	Dates you contributed	Value	
D-	t 6: List Certain Losses	,				
	or gambling?  No Yes. Fill in the details.  Describe the property you lost and how the loss occurred		since you filed for bankruptcy, did you lose any ibe any insurance coverage for the loss	Date of your	Value of property	
	now the loss occurred		e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	loss	lost	
Pa	t 7: List Certain Payments or Transfer	's				
16.	consulted about seeking bankruptcy or	prepari	id you or anyone else acting on your behalf pay ng a bankruptcy petition? 's, or credit counseling agencies for services require	,, ,	rty to anyone you	
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment	
	Jackson & Oglesby Law LLC 6520 E. 82nd St., Suite 101 Indianapolis, IN 46250 court@indybankruptcylaw.com		\$4,000 Attorneys' Fees; \$500 paid up front, balance to be paid through plan.	09/11/17 - 12/04/17	\$500.00	
	MoneySharp Credit Counseling Inc 1916 N. Fairfield Ave. Suite 200 Chicago, IL 60647 www.moneysharp.org	<b>3.</b>		11/2017	\$10.00	

Debtor 1 Christopher ADH Duncan

Case number (if known)

17.	<ul> <li>Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?         <ul> <li>Do not include any payment or transfer that you listed on line 16.</li> </ul> </li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>			ty to anyone who			
	Person Who Was Paid Address	Description and v transferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankrup			sfer any prop	erty to anyone, other	than property	
	transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No						
	Yes. Fill in the details.	Deceriation and v	ralus of	Describe		Data transfer was	
	Person Who Received Transfer Address	Description and v property transfer			any property or received or debts change	Date transfer was made	
	Person's relationship to you						
19.	<ul> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> </ul>				f which you are a		
	Yes. Fill in the details.						
	Name of trust	Description and v	alue of the propo	erty transferr	ed	Date Transfer was made	
Par	List of Certain Financial Accounts, In	struments, Safe Deposit	Boxes, and Sto	rage Units			
<ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your ben sold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions houses, pension funds, cooperatives, associations, and other financial institutions.</li> <li>No</li> </ul>				, ,			
	Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accour instrument	clo	te account was osed, sold, oved, or nsferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, any	/ safe deposit	t box or other deposit	ory for securities,	
	■ No						
	Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?	
22.	Have you stored property in a storage unit	or place other than your	home within 1 y	ear before yo	ou filed for bankruptcy	<i>y</i> ?	
	■ No						
	Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?	

Debtor 1 Christopher ADH Duncan

Case number (if known)

Par	t 9: Identify Property You Hold or Control for	Someone Else					
23.	Do you hold or control any property that someofor someone.	one else owns? Include any proper	ty you borrowed from, are storing fo	or, or hold in trust			
	■ No						
	Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value			
Par	t 10: Give Details About Environmental Inform	ation					
For	the purpose of Part 10, the following definitions	apply:					
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate,	or utilize it or used			
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,			
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of wher	n they occurred.				
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environm	nental law?			
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any release of hazardous material?						
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ronmental law? Include settlements	and orders.			
	■ No						
	Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Par	t 11: Give Details About Your Business or Con	nections to Any Business					
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have an	y of the following connections to an	y business?			
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	☐ A partner in a partnership						
	☐ An officer, director, or managing execu	tive of a corporation					
	☐ An owner of at least 5% of the voting or equity securities of a corporation						

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	■ No. None of the above applies. Go to F	Part 12.	
	☐ Yes. Check all that apply above and fill	in the details below for each business.	
	Business Name	Describe the nature of the business	Employer Identification number
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.
			Dates business existed
	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to an	yone about your business? Include all financial
	■ No		
	Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Par	112: Sign Below		
are t		false statement, concealing property, or ok	leclare under penalty of perjury that the answers otaining money or property by fraud in connection rs, or both.
	Christopher ADH Duncan	Cinnetons of Daluta O	
	ristopher ADH Duncan nature of Debtor 1	Signature of Debtor 2	
Date	December 4, 2017	Date	
Did y ■ N □ Y	•	ent of Financial Affairs for Individuals Filing	g for Bankruptcy (Official Form 107)?
Did y	you pay or agree to pay someone who is no	an attorney to help you fill out bankruptcy	forms?
■ N	o		
$\square$ Y	es. Name of Person . Attach the Bankru	ptcy Petition Preparer's Notice, Declaration, a	nd Signature (Official Form 119).

Debtor 1 Christopher ADH Duncan

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

# **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

R&R (rev 06/08/15)

# UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF INDIANA

Case Name: Christopher ADH Duncan Case No.

# RIGHTS AND RESPONSIBILITIES OF CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

It is important for debtors who file a bankruptcy case under Chapter 13 to understand their rights and responsibilities. It is also important that debtors know what their attorney's responsibilities are and understand the importance of communicating with their attorney to make the case successful. Debtors should also know that they may expect certain services to be performed by their attorney. In order to assure that debtors and attorneys understand their rights and responsibilities in the bankruptcy process, the following guidelines provided by the Court are hereby agreed to by the debtors and their attorney.

# **BEFORE THE CASE IS FILED**

# The debtor agrees to:

- 1. Provide the attorney with complete, accurate and current financial information.
- 2. Discuss with the attorney the debtor's objectives in filing the case.
- 3. Disclose any previous bankruptcies filed in the previous 8 years.
- 4. Unless excused under 11 U.S.C. § 109(h), receive a briefing from an approved nonprofit budget and credit counseling agency and provide the attorney with a copy of the certificate from the agency showing such attendance, as well as a copy of the debt repayment plan, if any, developed through the agency.
  - 5. Disclose to the attorney any and all domestic support obligations.

#### The attorney agrees to:

- 1. Meet with the debtor to review the debtor's debts, assets, liabilities, income and expenses.
- 2. Counsel the debtor regarding the advisability of filing either a Chapter 7 or Chapter 13 case, provide debtor with the notice required under 11 U.S.C. § 342(b) if applicable, discuss both procedures with the debtor and answer the debtor's questions.
- 3. Explain what payments will be made to creditors directly by the debtor and what payments will be made through the Chapter 13 plan, with particular attention to mortgage and vehicle loan payments, any other debts that accrue interest, domestic support obligations and leases.
- 4. Explain to the debtor how, when and where to make payments, pursuant to the plan, to the Chapter 13 trustee and of the necessity to include the debtor's case number, name and current address on each payment item.
- 5. Explain to the debtor how the attorney and trustee's fees are paid and provide an executed copy of this document to the debtor.
- 6. Explain to the debtor that the first payment due under Chapter 13 must be made to the trustee within 30 days of filing of the bankruptcy petition.
- 7. Advise the debtor of the requirement to attend the Section 341 Meeting of Creditors and instruct the debtor as to the date, time and place of the meeting and of the necessity to bring both picture identification and proof of the debtor's social security number to the meeting.
- 8. Advise the debtor of the necessity of maintaining liability, collision and comprehensive insurance on leased vehicles or those securing loans, and of the obligation to bring copies of the declaration page(s) documenting such insurance to the Meeting of Creditors.
- 9. Advise debtors engaged in business of the necessity to maintain liability insurance, workers compensation insurance, if required, and any other insurance coverage required by law.
- 10. Timely prepare and file the debtor's petition, plan, statements, schedules, and any other papers or documents required under the Bankruptcy Code.

Case Name: Christopher ADH Duncan Case No.

## AFTER THE CASE IS FILED

## The debtor agrees to:

- 1. Timely make all required payments to the Chapter 13 trustee that first become due 30 days after the case is filed. Also, if required, turn over any tax refunds, personal injury settlement proceeds or any other property as requested by the trustee.
- 2. Timely make all post-petition payments due to mortgage lenders, holders of domestic support obligations, lessors, and any other creditor that debtor agreed or is obligated to pay directly.
  - 3. Cooperate with the attorney in the preparation of all pleadings and attend all hearings as required.
  - 4. Keep the trustee, attorney and Court informed of any changes to the debtor's address and telephone number.
  - 5. Prepare and file any and all federal, state and local tax returns within 30 days of filing the petition.
- 6. Inform the attorney of any wage garnishments or attachments of assets which occur or continue to occur after the filing of the case.
- 7. Contact the attorney promptly with any information regarding changes in employment, increases or decreases in income or other financial problems or changes.
- 8. Contact the attorney promptly if the debtor acquires any property after the petition is filed. Such property might include, but is not limited to, personal injury proceeds, inheritances, lottery winnings, etc.
  - 9. Inform the attorney if the debtor is sued during the case.
- 10. Inform the attorney if any tax refunds to which the debtors are entitled are seized or not returned to the debtor by the IRS, the Indiana Department of Revenue or any other taxing authority.
- 11. Contact the attorney to determine whether court approval is required before buying, refinancing or selling real property or before entering into any long-term loan agreement.
  - 12. Pay any filing fees and courts costs directly to the attorney.
- 13. If the requirements of 11 U.S.C. § 109(h) were waived by the Court when the case was first filed, receive a briefing from an approved nonprofit budget and credit counseling agency within 30 days of the case being filed (unless the Court, for cause, extends such time) and provide counsel with the certificate from the agency stating that the debtor attended such briefing.
- 14. Unless such attendance is excused under 11 U.S.C. § 1328(f), complete an instructional course concerning personal financial management and shall promptly submit to the debtor's attorney a signed and completed Certification of Completion of Instruction Course Concerning Personal Financial Management.
  - 15. Cooperate fully with any audit conducted pursuant to 28 U.S.C. § 586(a).
- 16. After all plan payments have been made, and if the debtor is eligible for a discharge, timely provide counsel with the information needed to complete any documents required by the Court before a discharge will be entered.

## The attorney agrees to provide the following legal services:

- 1. Appear at the Section 341 Meeting of Creditors with the debtor.
- 2. Respond to objections to plan confirmation and, where necessary, prepare an amended plan.
- 3. Timely submit properly documented profit and loss statements, tax returns and proof of income when requested by the trustee.
  - 4. Prepare, file and serve necessary modifications to the plan.
- 5. Prepare, file and serve necessary amended statements and schedules, in accordance with information provided by the debtor.
  - 6. Prepare, file and serve necessary motions to buy, sell or refinance property when appropriate.
  - 7. Object to improper or invalid claims, if necessary, based upon documentation provided by the debtor or trustee.
  - 8. Represent the debtor in motions for relief from stay and motions to dismiss and/or convert.
  - 9. Where appropriate, prepare, file, serve and notice motions to avoid liens on real or personal property.
  - 10. Where appropriate, prepare, file and serve a summons and complaint to avoid a wholly unsecured mortgage.
  - 11. Be available to respond to debtor's questions throughout the life of the plan.
- 12. Negotiate with any creditor holding a claim against the debtor that is potentially nondischargeable to determine if the matter can be resolved prior to litigation. Discuss with debtor the cost and advisability of litigating the dischargeability of the claim. The attorney is not required, however, to represent the debtor in any adversary proceeding to determine the nondischargeability of any debt pursuant to these Rights and Responsibilities.
  - 13. Represent the debtor with respect to any audit conducted pursuant to 28 U.S.C. § 586(a).
  - 14. Negotiate all reaffirmation agreements and appear with the debtor at any hearing on same.

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Case Name: Christopher ADH Duncan

Case No.

15. After all plan payments have been made, and if the debtor is eligible for a discharge, prepare, file and serve any documents required by the Court before a discharge will be entered.

The total fee charged in this case is \$4,000.00. If this fee later proves to be insufficient to compensate the attorney for the legal service rendered in the case, the attorney has the right to apply to the court for any additional attorney fees. Fees shall be paid through the plan unless otherwise ordered. The attorney may not receive additional fees directly from the debtor other than the initial retainer. If an attorney has elected to be compensated pursuant to these guidelines, but the case is dismissed prior to confirmation of the plan, absent contrary order, the trustee shall pay to the attorney, to the extent funds are available, an administrative claim equal to 50% of the unpaid fee balance if a properly documented fee claim (for the entire fee balance) has been filed by the attorney and served upon the trustee.

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Case Name: Christopher ADH Duncan

Case No.

If the debtor disputes the legal services provided or the fees charged by the attorney, an objection must be filed with the Court.

Dated:	December 4, 2017	/s/ Christopher ADH Duncan	
		Christopher ADH Duncan	
		Debtor	
Dated:	December 4, 2017	/s/ Dana L. Oglesby	
		Dana L. Oglesby 27988-82	
		Attorney for Debtor(s)	

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court** Southern District of Indiana

In r	e Christopher ADH Duncan		Case No.			
		Debtor(s)	Chapter	13		
	DISCLOSURE OF COMPE	NSATION OF ATTOI	RNEY FOR D	EBTOR(S)		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the fillibe rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be paid	to me, for services ren	dered or to	
	For legal services, I have agreed to accept		\$	4,000.00		
	Prior to the filing of this statement I have received			500.00		
	Balance Due		\$	3,500.00		
2.	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3.	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4.	I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.					
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				w firm. A	
5.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspect	s of the bankruptcy	case, including:		
	<ul><li>a. Analysis of the debtor's financial situation, and render</li><li>b. Preparation and filing of any petition, schedules, states.</li><li>c. Representation of the debtor at the meeting of credited. [Other provisions as needed]</li></ul>	tement of affairs and plan which	may be required;		aptcy;	
5.	By agreement with the debtor(s), the above-disclosed fe	e does not include the following	g service:			
		CERTIFICATION				
this	I certify that the foregoing is a complete statement of an bankruptcy proceeding.	y agreement or arrangement for	payment to me for	representation of the de	btor(s) in	
<u> </u>	December 4, 2017	/s/ Dana L. Ogles	•			
7	Date	Dana L. Oglesby Signature of Attorne Jackson & Ogles 6520 E. 82nd St., Indianapolis, IN 4 (317) 288-0147 F court@indybanki	y by Law LLC Suite 101 6250 ax: (317) 288-017	6		
		Name of law firm	-		_	

# **United States Bankruptcy Court** Southern District of Indiana

	Southern District of Indiana						
re Christopher ADH Duncan		Case No.					
	Debtor(s)	Chapter	13				
VERIFICATION OF CREDITOR MATRIX							
e above-named Debtor hereby verifies	that the attached list of creditors is true and c	orrect to the best	of his/her knowledge.				
·							
ate: December 4, 2017	/s/ Christopher ADH Duncan						
	Christopher ADH Duncan						
	Signature of Debtor						

EQUIFAX ATTN: BANKRUPTCY DEPT. PO BOX 740241 ATLANTA, GA 30374

TRANSUNION
ATTN: BANKRUPTCY DEPT.
PO BOX 1000
CHESTER, PA 19022-2000

INDIANA DEPARTMENT OF REVENUE BANKRUPTCY SECTION, MS108 100 N SENATE AVE, ROOM N240 INDIANAPOLIS, IN 46204

IRS
PO BOX 7346
PHILADELPHIA, PA 19101-7346

EXPERIAN
ATTN: BANKRUPTCY DEPT.
PO BOX 2002
ALLEN, TX 75013

JACKSON & OGLESBY LAW LLC 6520 E. 82ND ST., SUITE 101 INDIANAPOLIS, IN 46250

BALL MEMORIAL HOSPITAL ATTN: BANKRUPTCY DEPT. 2401 W. UNIVERSITY AVE. MUNCIE, IN 47303-3428

COURTNEY HOWARD-DUNCAN 5901 W. RIVER ROAD MUNCIE, IN 47304

DELAWARE CIRCUIT COURT #3
CAUSE #: 18C03-1707-MF-000156
100 W WASHINGTON ST
MUNCIE, IN 47305

FEDERAL NATIONAL MORTGAGE ASSOC. ATTN: 18C03-1707-MF-000156 PO BOX 2008 GRAND RAPIDS, MI 49501-2008

FEIWELL & HANNOY ATTN: 18C03-1707-MF-000156 251 N ILLINOIS ST., SUITE 1700 INDIANAPOLIS, IN 46204

HARRIS & HARRIS 111 W JACKSON BLVD SUITE 400 CHICAGO, IL 60604

HARRIS & HARRIS 111 WEST JACKSON BOULEVARD CHICAGO, IL 60604

IMC CREDIT SERVICES PO BOX 20636 INDIANAPOLIS, IN 46220 IMC CREDIT SERVICES
6955 HILLSDALE CT
INDIANAPOLIS, IN 46250

IU HEALTH ATTN: BANKRUPTCY DEPT. 250 N. SHADELAND AVE. INDIANAPOLIS, IN 46219

SETERUS INC 14523 SW MILLIKAN WAY ST BEAVERTTON, OR 97005

SETERUS INC 14523 SW MILLIKAN WAY ST BEAVERTON, OR 97005

US DEPT ED ECMC/BANKRUPTCY PO BOX 16408 ST PAUL, MN 55116

US DEPT ED PO BOX 4222 IOWA CITY, IA 52244

USA FUNDS/SALLIE MAE SERVICING CBE GROUP PO BOX 900 WATERLOO, IA 50704 USA FUNDS/SALLIE MAE SERVICING POB 9460 MC E2142 WILKES BARRE, PA 18773